Fill	in this information to identify your c	ase:							
Deb	otor 1 George Ben	son							
	otor 2 use, if filing)								
Unit	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	1					
Cas	se number 18-10638					Check if this is:			
(If kn	own)		•			An amende	d filing		
								ng postpetition chapter	
\sim	ficial Form 1001					13 income a	as of the f	ollowing date:	
	fficial Form 106l					MM / DD/ Y	YYY		
Sc	chedule I: Your Inc	ome						12/15	
spoi	olying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing wi	th you, do not includ	de infor	mati	on about your spo	use. If m	ore space is needed,	
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-f	iling spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed □				☐ Employed		
		inate page with		☐ Not employed			☐ Not employed		
		Occupation	retired						
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed to	here?						
Par	Give Details About Mor	nthly Income							
	mate monthly income as of the date unless you are separated.	ate you file this form. If y	you have nothing to re	eport for	any	ine, write \$0 in the	space. In	clude your non-filing	
	u or your non-filing spouse have most space, attach a separate sheet to		ombine the information	n for all	emplo	oyers for that perso	n on the li	ines below. If you need	
						For Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	

4. Calculate gross Income. Add line 2 + line 3.

0.00

\$

N/A

Deb	tor 1	George Benson	-	(Case	number (if know	wn)	18-106	338		
	Cor	by line 4 here	4.		For	Debtor 1	00		ebtor iling s	2 or pouse N/A	
5.		*			_	-	_	·			-
υ.	5a.	all payroll deductions: Tax, Medicare, and Social Security deductions	58	2	\$	0.0	00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5k		\$ -		00	\$		N/A	-
	5c.	Voluntary contributions for retirement plans	50		\$		00	\$		N/A	-
	5d.	Required repayments of retirement fund loans	50	d.	\$	0.0	00	\$		N/A	-
	5e.	Insurance	56	€.	\$_	0.0	00	\$		N/A	-
	5f.	Domestic support obligations	5f		\$_		00	\$		N/A	-
	5g.	Union dues	50	-	\$_		00	\$		N/A	-
	5h.	Other deductions. Specify:	_	า.+	\$_			+ \$		N/A	-
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _		00_	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.0	00	\$		N/A	-
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	а.	\$	0.0	00	\$		N/A	
	8b.	Interest and dividends	8k		\$		00	\$		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	C .	\$	1,000.0	00	\$		N/A	-
	8d.	Unemployment compensation	80	d.	\$	0.0	00	\$		N/A	
	8e.	Social Security	86	€.	\$_	1,600.0	00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f		\$_	0.0		\$		N/A	-
	8g.	Pension or retirement income	86	-	\$_ \$		00	—		N/A	-
	8h.	Other monthly income. Specify:	_ 01	า.+	Ψ_	0.0	00	+ • —		N/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	(\$	2,600.0	00	\$		N/A	\
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,600.00 +	\$		N/A	= \$	2,600.00
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_		2,000.00	•				2,000.00
11.	Sta Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	dep			•			hedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certain lies							12.	\$	2,600.00
13.	13. Do you expect an increase or decrease within the year after you file this form?							·	Combir monthl	ned y income	
		No. Yes Explain: expects to receive additional social security for s	2001	nd	l da	ughtor					

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:								
Deb	tor 1 George Benson	Chec	k if this is:						
		An amended filing							
	tor 2	A supplement showing postpetition chapter							
(Opt	ouse, « ming/	13 expenses as of the following date:							
Unit	ed States Bankruptcy Court for the: EASTERN DISTRICT OF PENNS	YLVANIA	I	MM / DD / YYYY					
	e number								
Of	fficial Form 106J								
So	chedule J: Your Expenses				12/15				
info	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this f nber (if known). Answer every question.								
Par									
1.	Is this a joint case?								
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?								
	□ No								
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate House	hold of Debt	or 2.					
2.	Do you have dependents? ☐ No								
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	not list Debtor 1 and Yes. Fill out this information for Dependent's relations			Does dependent live with you?				
	Do not state the				□ No				
	dependents names.	daughter		15	Yes				
		Daughter		21	□ No ■ Yes				
		Dauginei			■ Yes □ No				
					☐ Yes				
					□ No				
3.	Do your expenses include ■ No				☐ Yes				
	expenses of people other than yourself and your dependents?								
	t 2: Estimate Your Ongoing Monthly Expenses								
exp	imate your expenses as of your bankruptcy filing date unless your benses as of a date after the bankruptcy is filed. If this is a suppliblicable date.								
	lude expenses paid for with non-cash government assistance if								
	value of such assistance and have included it on Schedule I: Yoficial Form 106I.)	our Income		Your expe	enses				
4.	The rental or home ownership expenses for your residence. In	oclude first mortgage	·						
	payments and any rent for the ground or lot.	ioiddo mot mortgage	4. \$		0.00				
	If not included in line 4:								
	4a. Real estate taxes		4a. \$		500.00				
	4b. Property, homeowner's, or renter's insurance		4b. \$		200.00				
	4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues		4c. \$ 4d. \$		0.00				
5.	Additional mortgage payments for your residence, such as hor	ne equity loans	5. \$		0.00				

Debtor 1	George Benson	Case num	ber (if known)	18-10638
6. Utiliti	inc.			
6. Utiliti 6a.	les: Electricity, heat, natural gas	6a.	\$	350.00
6b.	Water, sewer, garbage collection	6b.	·	125.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	· · · · · · · · · · · · · · · · · · ·	0.00
6d.	Other. Specify:	6d.	·	
	and housekeeping supplies	0u. 7.	*	0.00
		7. 8.	·	375.00
	care and children's education costs			0.00
	ning, laundry, and dry cleaning	9.	\$	40.00
	onal care products and services	10.	\$	0.00
	cal and dental expenses	11.	\$	150.00
	sportation. Include gas, maintenance, bus or train fare.	12.	\$	50.00
	ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	
	itable contributions and religious donations	13. 14.	·	25.00
	•	14.	Φ	0.00
5. Insur	ance. ot include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
	Health insurance	15a. 15b.		0.00
	Vehicle insurance	15c.	·	200.00
	Other insurance. Specify:	15d.		0.00
		130.	Ψ	0.00
o. Taxe: Speci	s. Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	Ilment or lease payments:	10.	Ψ	0.00
	Car payments for Vehicle 1	17a.	\$	0.00
	Car payments for Vehicle 2	17a. 17b.	·	0.00
	Other. Specify:	17b.		
		176. 17d.	·	0.00
	Other. Specify:		Φ	0.00
	payments of alimony, maintenance, and support that you did not report as cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	r payments you make to support others who do not live with you.		\$	0.00
Speci		19.	<u> </u>	0.00
•	r real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e		our Income	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.		0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20d. 20e.	·	0.00
	r: Specify:		φ +\$	0.00
. Julei	·· opeony.		-Ψ	0.00
2. Calcu	ulate your monthly expenses			
22a. /	Add lines 4 through 21.		\$	2,015.00
22b. (Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	•
22c. A	Add line 22a and 22b. The result is your monthly expenses.		\$	2,015.00
	, , ,			_,510.00
	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		2,600.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,015.00
23c.	Subtract your monthly expenses from your monthly income.	00	•	E0E 00
	The result is your monthly net income.	23c.	\$	585.00
	ou expect an increase or decrease in your expenses within the year after your			anno or dooroons bassues -t -
	cample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage?	mongage	payment to incre	ease of decrease decause of a
■ No				